

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Christopher Krieg

14 CV 4682

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York

Det Gerard Beyrodt

Det Ryan Lane

Sgt Michael Healy

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

NY 17-2014  
**SEARCHED**

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Christopher Krieg  
ID # 3001200459  
Current Institution N.I.C.  
Address 1500 Hazen St  
East Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Det. Gerard Beyrodt Shield # \_\_\_\_\_  
Where Currently Employed 60th Pct  
Address 2951 West 8th St  
Brooklyn, NY, 11224

Defendant No. 2 Name Det Ryan Lane Shield # \_\_\_\_\_  
Where Currently Employed 60th Pct  
Address 2951 West 8th St  
Brooklyn, N.Y. 11224

Defendant No. 3 Name Sgt Michael Healy Shield # \_\_\_\_\_  
Where Currently Employed 60th Pct  
Address 2951 West 8th St  
Brooklyn, N.Y. 11224

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

N/A

B. Where in the institution did the events giving rise to your claim(s) occur?

N/A

C. What date and approximate time did the events giving rise to your claim(s) occur?

JUNE 15<sup>th</sup>, 2012, APPROX- 11:30 am - 12:00 PM

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: In Paralyzed and my A.I.A rights where violated as well as my Constitutional rights and 5th Amendment when the NYPD burst into my apartment, threw me out of my wheelchair and handcuffed me, all while I was recently released from Coney Island Hospital after having hip surgery from a fall I suffered in April 2012. After telling them these facts I was told "Shut the fuck up". And they picked me up and sat me back in my chair. They arrested me and brought me downstairs to my buildings parking lot where they placed me into this work type of van which wasn't wheelchair accessible at all, it had no seats in the back or anywhere to strap down my chair. I was handcuffed behind my back and placed on the bare metal floor with my chair loose for hours, I was hit by my chair a number of times and suffered bumps and bruises all while the officers laughed and made handic slurs and jokes. I ~~was~~ asked to be taken to a hospital for hours and was ignored until I started throwing up and running a fever so the time I was finally taken to the E.R. at Bellevue Hospital where I was treated and admitted, I spent about a month there for several things before being released to D.O.C and sent to N.I.C on Rikers Island.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I hurt my Neck and my Back and also hurt my Right Hip which I had Surgery on just weeks before my Arrest, I was also running a fever after this arrest. After many complaints stating I was not feeling well, they finally took me to Bellevue E.R where I was treated with I.V. antibiotics among other meds and was admitted and stood hospitalized for about a month before I was transferred to Rikers Island, N.I.C.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes        No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_ N/A

2. What was the result, if any? \_\_\_\_\_ N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want The NYPD to have in place a Handicap Vehicle for Situations just like Mine where The disabled person will be treated like a human being. \$1,000,000

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes        No X

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_ N/A

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_ N/A

3. Docket or Index number \_\_\_\_\_ N/A

4. Name of Judge assigned to your case \_\_\_\_\_ N/A

5. Approximate date of filing lawsuit \_\_\_\_\_ N/A

6. Is the case still pending? Yes \_\_\_\_\_ No  If NO, give the approximate date of disposition \_\_\_\_\_ N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_ N/A

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_ N/A

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_ N/A

3. Docket or Index number \_\_\_\_\_ N/A

4. Name of Judge assigned to your case \_\_\_\_\_ N/A

5. Approximate date of filing lawsuit \_\_\_\_\_ N/A

6. Is the case still pending? Yes \_\_\_\_\_ No  If NO, give the approximate date of disposition \_\_\_\_\_ N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_ N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10<sup>th</sup> day of June, 2014

Signature of Plaintiff

Inmate Number

Institution Address

Christopher Krieg  
3001200459  
N.I.C 1500 Hazen St  
East Elmhurst, N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10<sup>th</sup> day of June, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Christopher Krieg